U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only REC'D AUG-82005	
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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/04/04 Through: 12/31/04

Name Terres H (Lagra)  P.O. Box, Bildg., Room No., if any  Street 8546 5. Kilpstrich  City Chi. engs It ZiP Code +4 60657 State I	3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
P.O. Box, Bldg., Room No., if any  Street 8546 5, Kilparauch  City CH, cag Ju  Street 1548 Bond 57  City Napchville  State Iu ZIP Code +4 60652 State Iu ZIP Code +4 60652  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loads) with, or derived incorner or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (fincluding the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned showing and belief, frue, correct, and complete, (See the section on penalties in the instructions.)	Name TERRENCE M CAGNEY	Name IBEW LOCAL 15	
Street 8546 5. K. Ippraid  City Uh, eng. JL  State IL ZIP Code +4 60652 State IL ZIP Code +4 60652 State IL ZIP Code +4 60653  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  7.a. Nature of interest, Transaction, or income.  Signature  15. Signature and verification. The undersigned declares, under penalty of Pegiury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	4 /	Labor Organization File Number 526 - 840	
City ## Capt ## City #	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
State TV ZIP Code +4 60652 State TV ZIP Code +4 60553  5. Position in labor organization.  Business Requestionally Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report fincturing the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Street 8546 5. Kilppraich		
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Signed / Levere M Copy On 2/13/05 708-245-0761  Date Telephone Number	submitted in this report //including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		
Date Telephone Number	Signed Levered Con 2/13/05 708-245-0761		
		Date Telephone Number	

Name of Person Filing TERRENCE M.CAGN	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Goldberg, Weisman, Cairo, LTD  Trade Name, if any: Lawfirm - Workers' Comp	DINNER — IL State Conference		
P.O. Box, Bldg., Room No., if any  Street One East Wacker Drive  City Chicago			
State II. ZIP Code + 4 60601-9654			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		